

PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**



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304170617

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/529,449	08/14/92	013	SHAY, R	0008 06/17/94
First Named Applicant	FRANK,	DAVID J.		

TITLE OF INVENTION RAPID-CUSTOMIZED BONE PROSTHESIS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 GUI-108	S23-016.000	883	UTILITY	YES	\$585.00	09/19/94

3. Further correspondence to be mailed to the following:

Frank H. Foster
7632 Slate Ridge Blvd.
Reynoldsburg, Ohio 43068

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Frank H. Foster
2 KREMBLAS, FOSTER
3 & MILLARD

080 WC 09/26/94 07929449
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DO NOT USE THIS SPACE

1 242 585.00 CK
1 561 30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Guild Associates, Inc.

(2) ADDRESS: (City & State or Country)

Hilliard, Ohio USA

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

Ohio

A. ☐ This application is NOT assigned.

☒ Assignment previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

☒ Issue Fee ☒ Advanced Order - # of Copies 10

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 13-3393

(Enclose Part C)

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☒ Any Deficiencies in Enclosed Fees

(Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE

Commissioner of Patents and Trademarks
Washington, D.C. 20231

on September 15, 1994

(Date)

Debra A. Bright

(Name of person making deposit)

Debra A. Bright

(Signature)

September 15, 1994

(Date)

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This form is estimated to take 20 minutes to complete. Time will vary depending upon the needs of the individual applicant. Any comments on the amount of time you require to complete this form should be sent to the Office of Management and Organization, Patent and Trademark Office, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.